



A SAFER PENNSYLVANIA

A COMMUNITY APPROACH TO FIREARM SAFETY

A special report on working within existing laws
by Pa. Auditor General Eugene A. DePasquale

Dear fellow Pennsylvanians,

Each year, about 1,500 people in Pennsylvania die from firearm-related injuries, according to the Centers for Disease Control and Prevention. That's, on average, four funerals held every day.

Of those, nearly 63 percent die by suicide, about 33 percent die by homicide, and about 4 percent are killed in accidents.¹ Though mass shootings garner significant attention, they remain relatively rare, accounting for less than 1 percent of firearm deaths each year.

Using a firearm remains the most lethal method of attempting suicide in Pennsylvania: 85 percent of self-injury by firearm is fatal, compared with 3 percent of poisonings.²

Just the mention of “firearms” or “guns” causes many people to retreat to their ideological comfort zones. Having a civil discussion about firearms has become difficult in today's often-polarized political environment. Yet civil discussions about firearms are exactly what's needed to highlight several truths:



- Firearm ownership and usage are rights guaranteed by the U.S. and Pennsylvania constitutions, so firearms will continue to exist in our society;
- People who do not own or use firearms cannot take on all the responsibility of curtailing firearm violence because they are not the perpetrators of it; and
- State and community leaders must take the lead in educating all Pennsylvanians on how to keep people safer from firearm violence.

There will, of course, continue to be legislative debates, such as the recent debate over Act 79 of 2018, which requires certain convicted domestic abusers to surrender their firearms within 24 hours of a final protection-from-abuse order. However, this measure was the first legislation passed in Pennsylvania in a decade that dealt with firearm laws or regulation. As a society, we cannot afford to sit back and wait for our slow-moving legislature to take action.

Instead, as the state's auditor general, I focused on two areas:

- How enforcing our existing laws — including the Uniform Firearms Act — can have a positive effect on safety, and
- The public cost of providing care for those who are shot. Over the last decade, firearm-related injuries cost Pennsylvania taxpayers about \$1.5 billion in health care costs because 76 percent of shooting victims were either uninsured or publicly insured.

To decrease both the number of shootings and the associated costs, state and community leaders must turn their attention to the critical time before shootings happen, when prevention efforts could mean the difference between life and death. To accomplish this goal, Pennsylvania must adopt a public-health approach to dealing with the misuse of firearms.

To compile this report, my team and I met with and talked with people on all sides of the firearm debate. My goal was to listen to everyone's viewpoints, find common ground where the majority agreed, then make recommendations to keep Pennsylvanians safer while staying within current law. Based on that research, here are my 12 recommendations:

¹ <https://www.gunpolicy.org/firearms/region/pennsylvania>

² <https://injury.research.chop.edu/violence-prevention-initiative/types-violence-involving-youth/gun-violence/gun-violence-facts-and#.W-rx2ZNKiHs>

1. The state should work to expand access to mental health care, especially in rural communities.
2. The stigma of seeking mental health help must end; to do that, the state should mount a culturally responsive public awareness campaign.
3. Engage medical doctors and train all physicians, especially primary care physicians, to screen patients for risks of firearm violence.
4. Engage licensed firearms dealers in looking for red flags in customers who might potentially use a firearm for suicide.
5. The Pennsylvania Game Commission should expand its hunter education program section on firearm safety and create a voluntary training program on safe firearm usage and storage.
6. Encourage all firearm owners to voluntarily use safe storage best practices, such as locking unloaded firearms in a safe and storing ammunition away from firearms.
7. The state should continue to support hospital-based violence intervention programs and behavioral health resources in hospitals so they can be fully responsive to the violence they treat and ensure that unresolved trauma will not contribute to retaliation or suicide.
8. The state should support communities in organizing violence prevention efforts proven to be effective. The Pennsylvania Commission on Crime and Delinquency's Gun Violence Reduction Initiative is a good example of that support.
9. The governor should sign an executive order requiring Pennsylvania State Police to issue quarterly and monthly reports on firearms traced from crimes to help track lost and stolen guns as well as firearm-related criminal activity.
10. The state should secure funding to increase Pennsylvania's participation in a national network that uses bullets to connect multiple crimes to single firearms.
11. Sheriffs and other law-enforcement officials who issue concealed-carry permits should thoroughly check applicants' references and backgrounds before approving applications and consider prosecuting those who provide false information.
12. Pennsylvania State Police should implement the Lethality Assessment Program, which connects victims of intimate partner violence to local domestic violence programs, statewide.

I hope you will find these pages useful to start a dialogue with your friends and family about important topics such as mental health, firearm safety and whether the children in your life have access to firearms. Normalizing such conversations is the first step toward adopting rational, common-sense solutions that can improve public safety.

Thank you for the opportunity to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eugene A. DePasquale
Auditor General

Problem: Lack of mental health resources and stigma about seeking help have contributed to an increase in suicides, the No. 1 cause of firearm deaths in Pennsylvania.

Pennsylvania is part of the national trend of dramatic increases in suicide. Between 1999 and 2016, suicides increased by 34 percent in the state.³ In 2016, that amounted to 979 suicides total.

Firearms play a horribly critical role in suicides. It is the most lethal and irreversible method to attempt suicide, resulting in an 85 percent fatality rate.⁴ More than half (52 percent) of fatal suicides use a firearm, more than all other methods combined.⁵ Comparatively, the fatality rate for drug overdose suicide attempts (the most common method) is less than 3 percent.⁶

Suicide is by far the most prevalent form of firearm death in Pennsylvania: 63 percent of the 1,555 firearm deaths in Pennsylvania in 2016 were suicides.⁷

Though suicide affects all demographics, rural Pennsylvania is particularly hard hit by the rise in suicides. From 2012 to 2016, the 10 counties with the highest firearm suicide rates were rural counties: Wayne, Elk, Carbon, Clarion, Schuylkill, Susquehanna, Clearfield, Somerset, Cambria and Jefferson. They did not have the most individuals die by suicide, but the cases of suicide amount to greater numbers per capita. For example, people die by suicide at a rate of 16.74 percent in Wayne County, according to CDC data, in a countywide population of 250,000.⁸ Nationally, the rate is 13.42 percent.⁹

Recommendations: Reduce barriers to mental health treatment and end the stigma of seeking help.

Lack of access to mental health care across the nation contributes to a variety of ills, not just to suicide. For example, as Gov. Tom Wolf and Auditor General Eugene DePasquale's 2018 School Safety Task Force report demonstrates, Pennsylvania adults and students alike reported difficulty in accessing any type of mental health services. That report called for increases in not only guidance counselors and social workers within schools, but also therapists and psychiatrists in the community at large.

³ <https://www.cdc.gov/vitalsigns/suicide/index.html>

⁴ <https://www.hsph.harvard.edu/means-matter/means-matter/risk/>

⁵ <https://www.hsph.harvard.edu/means-matter/basic-suicide-facts/how/>

⁶ <https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/>

⁷ <https://wonder.cdc.gov>, query made Sept. 21, 2018

⁸ <https://wonder.cdc.gov>, query made Sept. 21, 2018

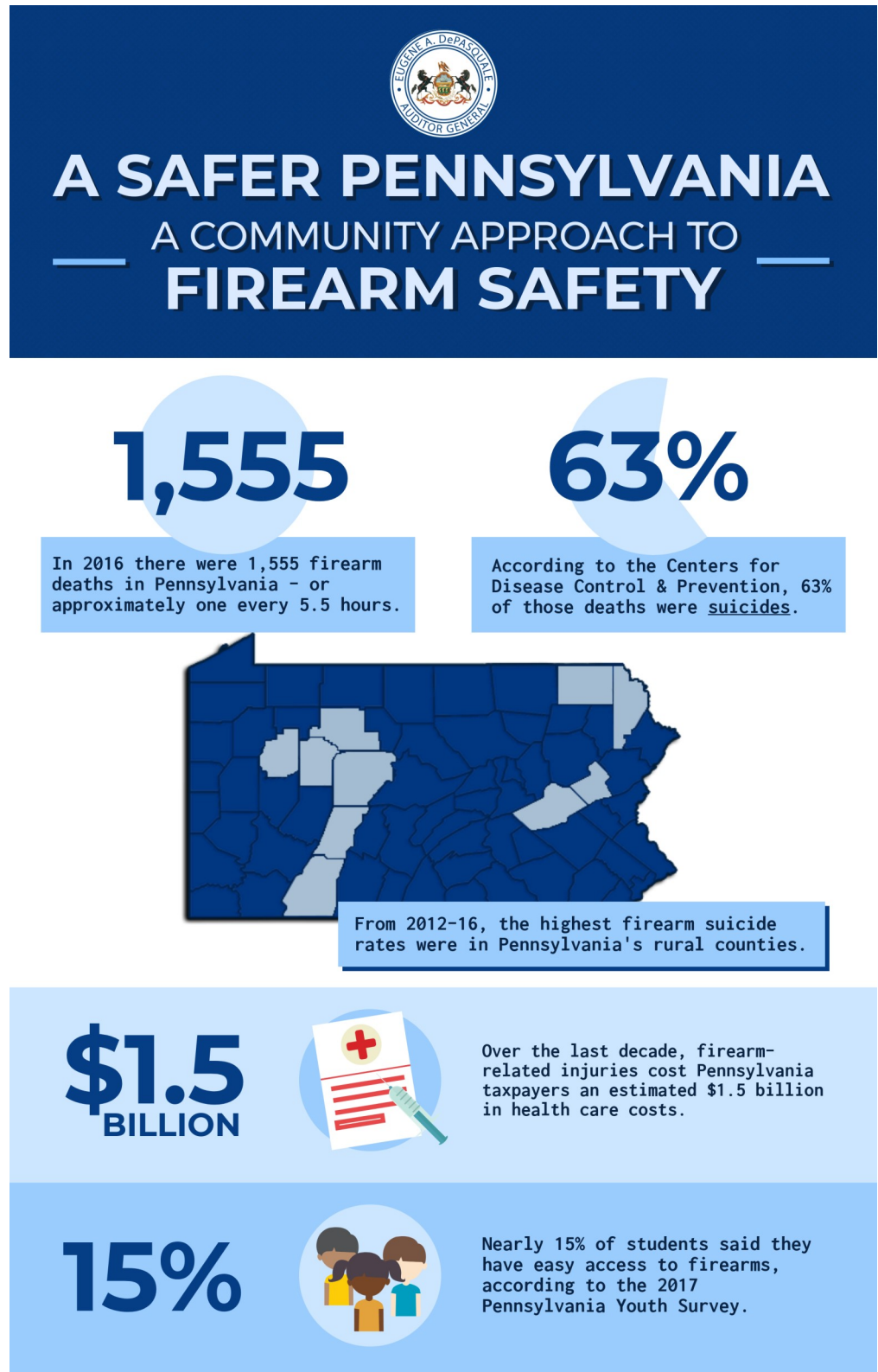
⁹ <https://afsp.org/about-suicide/suicide-statistics/>

1. The state should work to expand access to mental health care, particularly in rural communities.

Pennsylvania's mental health care workforce gap is worse than the national average, with only one mental health professional available for every 600 residents.¹⁰ Nearly 2 million Pennsylvanians live in a federally designated "mental health care professional shortage area."

Closing the mental health care workforce gap is challenging; however, many good options exist beyond simply finding ways to persuade mental health professionals to live in rural counties:

- Encourage non-physician clinicians (nurse practitioners, physician assistants) to obtain postgraduate mental health care certification via online postgraduate work.¹¹
- Expand access to telemedicine and telepsychiatry, allowing patients to receive treatment from their homes via videoconferencing.
- Communicate the benefits of "collaborative care" by training primary care doctors to flag patients for further mental health evaluations.¹²
- Study the mental-health-worker shortage across Pennsylvania so that the regions with the least access can be identified.



¹⁰ <http://www.mentalhealthamerica.net/sites/default/files/2018%20The%20State%20of%20MH%20in%20America%20-%20FINAL.pdf>

¹¹ <https://onlinelibrary.wiley.com/doi/full/10.1002/2327-6924.12397>

¹² <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/411326>

2. The stigma of seeking mental health help must end; to do that, the state should mount a culturally responsive public awareness campaign.

Even if access to mental health care services is enhanced, social norms must change to overcome the stigma associated with accessing mental health services. Pennsylvania should engage in a public campaign addressing the stigma that prohibits people from engaging with their feelings instead of acquiring a weapon.

Studies show that gendered expectations are a factor in firearm violence. In the Pennsylvania Department of Health's Injury Report, examining data from 2010 to 2014, firearms were the most common means by which people, especially men, committed suicide and homicide.¹³

Stigmatization of accessing mental health services affects the population of rural Wayne County, where Michelle Valinski, the county's human services deputy administrator, observes that people who lose loved ones to suicide often seek support in another community.

"We want people to feel welcome and get the support that they need in their own community with the people that they're familiar with," Valinski said. "There shouldn't be any shame associated with losing someone to suicide."

However, she said, she's found that some people "actually prefer to go to a support group in a neighboring county."

Volunteers in Wayne and Lackawanna counties observed that their community members were using each other's resources and formed an organization, of which Valinski is vice president, called the Northeast Suicide Prevention Initiative to promote more pervasive suicide awareness training.

This sort of cross-community support is vital, since it reinforces that people need these services all over the state — and the nation. Even providing greater connectivity in terms of transportation and accessibility of services across regions will not help unless seeking mental health help no longer carries a stigma of shame.

Stigmatization of mental health also affects the populations of Pennsylvania's cities. In particular, it affects young people, especially men, who are at risk of perpetuating violence with firearms because they believe they need to carry firearms for self-defense. The presence of violence "contributes to a cycle of violence within communities, where someone who's been victimized may feel the need to protect themselves and ... turn to firearms or other weapons," said Dr. John Rich, director of the Center for Nonviolence and Justice at Drexel University, which runs the hospital-based violence intervention program Healing Hurt People.

This sort of cross-community support is vital, since it reinforces that people need these services all over the state — and the nation.

¹³ https://www.statistics.health.pa.gov/HealthStatistics/BehavioralStatistics/InjuryStatistics/Documents/Combined_Injury_Report_2010-2014.pdf

To do this:

Pennsylvania should use Allegheny County’s public health approach to combating stigma. In 2013, Allegheny County issued a report from its Public Health Collaborative (PHC) on how to address firearm violence as a public health crisis. That report recommended developing a promotional program to increase the use of mental health services by normalizing the need for such services.

Statewide, this measure could help overcome stigma and cultural barriers and ultimately improve people’s mental health. The PHC report found that mental health first aid and social services needed to be expanded in communities experiencing high rates of violence, as well as comprehensive implementation of trauma-informed care.¹⁴

According to the Substance Abuse and Mental Health Services Administration in 2014, trauma-informed care “involves a broad understanding of traumatic stress reactions and common responses to trauma” that providers of any sort of care need to understand because of the effect trauma has on “treatment presentation, engagement, and the outcome of behavioral health services.”¹⁵

Pennsylvania should replicate the Healthy Men Michigan program. This program is designed to help all men, regardless of demographics, assess their mental health and seek treatment when needed.

According to the American Psychological Association, men commit the vast majority of firearm violence — both suicides and homicides — in the nation.¹⁶ More than 90 percent of homicide perpetrators in the U.S. are men, and men are four to six times more likely than women to kill themselves with a firearm.¹⁷

¹⁴ https://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Programs/Special_Initiatives/Violence_Prevention/Public-Health-Report.pdf

¹⁵ <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

¹⁶ <https://www.apa.org/pubs/info/reports/gun-violence-prevention.aspx>

¹⁷ Ibid.

3. Engage medical doctors and train all physicians, especially primary care physicians, to screen patients for risks of firearm violence.

Primary-care doctors are among the most accessible health care providers and, in the absence of firearm safety training requirements, they can impress upon firearm owners the importance of understanding best practices for use and storage.

Physicians should know if their patients own firearms so that, in the event they detect potential for misuse, such as thoughts of suicide, they can counsel those patients accordingly.

The American Psychological Association, which advocates for a public health approach to addressing firearm violence, has said that promising educational interventions can come from counseling by health care providers, particularly when trigger or cable locks are provided with that counseling.¹⁸

“Just having a normal conversation really helps,” said Dr. Mack Ruffin, chair of the Department of Family and Community Medicine at Penn State Health Milton S. Hershey Medical Center in Dauphin County. “It’s no different than having normalizing discussions about HIV or sexually transmitted infections or domestic violence or hypertension or diabetes or breast cancer screenings.”

Ruffin said family and primary care doctors can make a huge difference in preventing firearm violence. “I don’t think it’s thought often or frequently enough that they can,” he said, identifying misunderstandings by doctors about what rules and laws say about what they may discuss. The fact is that family and primary care doctors can ask patients about firearms — no federal or state statute prohibits those conversations from taking place, and it does not violate patients’ Second Amendment rights.¹⁹

In 2003, *The Journal of the American Board of Family Medicine* published a study that found that, of participants who received counseling on safe firearm storage, 64 percent made safe changes in their firearm storage practices.²⁰ “There’s not much (else) you can do that has that much impact in terms of patients making a change,” Ruffin said.

Firearms can play an important role in a patient’s life, and acknowledging the cultural circumstances that shape that relationship can yield constructive conversations about safety, if it’s compromised and what to do about it.

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really helps. ... We need everybody
involved.”

Doctors’ offices should provide free information on firearm safety to all patients. In addition to feeling confident in addressing firearm safety with patients, doctors have to prioritize it, Ruffin said — because a doctor has time to address only so many things during appointments.

“I’m not saying address this at every appointment,” he said. “But a check-up, a child’s preschool evaluation, a camp physical ... Figure out a way to do it once. Promote information in your waiting area.

“Even insurance companies can get involved in sending out information about this and help for that. They ultimately have to pay the cost of the consequences of those injuries. We need everybody involved.”

¹⁸ <http://www.apa.org/about/policy/firearms.aspx>

¹⁹ <http://annals.org/aim/fullarticle/2522436/yes-you-can-physicians-patients-firearms>

²⁰ <http://www.jabfm.org/content/16/1/40.full>

4. Engage licensed firearms dealers in looking for red flags in customers who might potentially use a firearm for suicide.

Suicide and domestic violence should also be addressed in firearms classes. An audit of 20 basic firearms classes around the Northeast region of the U.S. found that firearm suicide prevention and domestic violence were addressed by only 10 percent of instructors. However, most instructors “encouraged gun ownership, gun carrying, gun use in self-defense and membership in a gun rights group.”²¹ If all of those things warrant mention, so do the effects of suicide and domestic violence.

For the last decade, the New Hampshire Firearm Safety Coalition (NHFSC) has run the Gun Shop Project, which seeks to engage the firearm community in suicide prevention. It began by encouraging gun-shop and firing-range owners to learn how to avoid selling or renting a firearm to a suicidal customer. It also encourages them to display and distribute suicide prevention materials. NHFSC developed these materials based on feedback from firearms retailers.

Ultimately, nearly half of New Hampshire gun stores display the materials,²² and the group is now working with firearm instructors to include these message in basic gun-safety classes.

The project works because it acknowledges that, while people who do not use firearms are not the problem, “they’re also not the solution,” said Elaine Frank, co-founder of the Gun Shop Project.

“I think we have demonstrated that the firearm community and the suicide prevention/public health community can work together,” Frank said.

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²¹ <https://injuryprevention.bmj.com/content/early/2017/10/07/injuryprev-2017-042535>

²² <http://www.wbur.org/hereandnow/2018/06/14/suicide-prevention-gun-sellers>

Problem: Because no state-mandated training to own or concealed-carry firearms exists, a public health approach is imperative to helping ensure firearms are being used and stored safely.

No training is required to own a firearm or carry concealed firearms in public in Pennsylvania. Yet a myriad of other laws — mostly in the Uniform Firearms Act²³ — dictate when and where types of firearms may be carried and loaded.

“People want to know what the law is,” said attorney Philip Kline, a moderator for the Pennsylvania Firearm Owners Association (PAFOA), a web forum on responsible firearm ownership.

Kline said Pennsylvania’s firearms laws are difficult to follow. If there’s any theme on PFOA’s forum, Kline said, “It would be people asking ‘Would it be illegal for me to do this?’ Some of them even start with, ‘I’m looking at the statute, I still don’t know.’”

Recommendations: Voluntary training on firearm usage and safe storage practices should be created, and firearm users should take advantage of them.

5. The Pennsylvania Game Commission should expand its hunter education program section on firearm safety and create a voluntary training program on safe firearm usage and storage.

The Pennsylvania Game Commission provides foundational firearm safety training through its basic hunter-trapper education course, which reviews topics such as how to safely hold a firearm, types of bullets and shells, and how to unload a firearm when encountering an obstruction. Firearm safety training is not the program’s main focus, nor does any live fire take place during it, but it provides a sound example upon which to base new training.

6. Encourage all firearm owners to voluntarily use safe storage best practices, such as locking unloaded firearms in a safe and storing ammunition separately from firearms.

Licensed dealers are required to provide locking devices in the transfer of handguns or short-barreled rifles or shotguns, but there are no laws mandating safe storage in a home.

That absence of laws does not mean that firearms sellers cannot offer training to all buyers on safe storage practices at the point of sale. In fact, the National Rifle Association recommends that users keep firearms unloaded until they are ready to use them and that owners store guns so they are not accessible to unauthorized people, such as children.²⁴

According to the 2017 Pennsylvania Youth Survey, conducted across more than 1,000 public and private schools, about 38,800 students in grades 6, 8, 10 and 12 responded that it would either be “sort of easy” or “very easy” for them to get a handgun.²⁵ Statewide, that represents an average of 14.6 percent, but at the county level, students in rural counties reported nearly two times more widespread ease of access. For example, in Fulton County, the largest percentage of students — 28.3 percent — said it would be easy to access a firearm.²⁶

²³ Pennsylvania Uniform Firearms Act of 1995, codified at 18 Pa.C.S. § 6101 *et seq.*

²⁴ <https://gunsafetyrules.nra.org/>

²⁵ <https://www.pccd.pa.gov/Juvenile-Justice/Documents/PAYS/2017%20PAYS%20State%20Report%20Final.pdf>

²⁶ https://www.pccd.pa.gov/Juvenile-Justice/PAYS/Fulton%20County%20Profile%20Report_2017.pdf

Problem: Homicides by firearm affect entire communities, not only destroying lives but also incurring millions of taxpayer dollars in costs.

Firearms are used in 70 percent of all homicides, according to the federal Centers for Disease Control and Prevention (CDC). The statistics from an analysis of 2005-2014 data from the CDC on firearm homicides and injuries in Pennsylvania are bleak:

- Pennsylvania averages 520 firearm homicides per year, the 16th highest rate in the country.²⁷
- The impact on particular communities in Pennsylvania is staggering: African-Americans account for just 12 percent of the state's population but 69 percent of firearm homicide victims. The rate of firearm homicide of African-Americans in Pennsylvania is 55 percent higher than the national average; among Hispanics, it is 63 percent higher.²⁸

Another set of sobering statistics are the national estimates of the costs associated with firearm homicides and injuries:

- Emergency department and inpatient charges for shooting victims average \$2.8 billion per year, according to a 2017 Johns Hopkins University study.²⁹ This total excludes costs associated with patients who died before reaching the hospital, as well as costs for physical therapy, trauma counseling and in-home care for those who survive their injuries.
- Another study estimated the total firearm injury and death annual cost to be \$8.6 billion in direct costs, including \$5.2 billion for prison costs; and \$221 billion in indirect costs, including \$49 billion in victims' lost wages.³⁰
- A study published in *Injury Epidemiology* in 2017 examined national data from inpatient admissions and found that publicly insured and uninsured admissions from firearm injuries comprised 65 percent of hospital admission costs for firearm-related injuries.³¹ Patients insured by the government or who were uninsured incurred an average of \$400 million in admissions costs.³² In 2012, firearm-related injury admissions were six times more likely to be uninsured compared to all hospital admissions, which were uninsured at an overall rate of 5 percent.³³

These figures are consistent in Pennsylvania, according to data reported by health care providers to the Pennsylvania Health Care Cost Containment Council.

From 2008 to 2017, inpatient and outpatient charges for firearm-related injuries cost more than \$2 billion for more than 20,000 admissions, 14 percent of whom were uninsured and 62 percent of whom were publicly insured. Charges were not broken down by insurance method, but the majority of publicly insured patients were covered by Medicaid.

Total charges have gone up for the last three years, with 2017 seeing the most charges for firearm-related injuries yet.³⁴

²⁷ <https://www.americanprogress.org/issues/guns-crime/reports/2016/05/16/137219/pennsylvania-under-the-gun/>

²⁸ Ibid.

²⁹ <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0625>

³⁰ <https://www.motherjones.com/politics/2015/04/true-cost-of-gun-violence-in-america/>

³¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5515719/>

³² Ibid.

³³ Ibid.

³⁴ For data showing the top 10 hospitals, see Appendix A.

Recommendations: Treat firearm violence as the public health crisis that it is by promoting successful prevention programs and giving law enforcement authorities additional forensic tools and data.

7. The state should continue to support hospital-based violence intervention programs and behavioral health resources in hospitals so they can be fully responsive to the violence they treat and ensure that unresolved trauma will not contribute to retaliation or suicide.

In May 2018, Gov. Tom Wolf allocated \$4.1 million from federal Victims of Crime Act funds to programs in Philadelphia that address firearm violence.³⁵ Three of the seven programs funded are hospital-based and focus on victims of violent crime: Temple University Hospital, Children's Hospital of Philadelphia and Healing Hurt People.³⁶

A cost-benefit analysis published in the *American Journal of Preventive Medicine* found that hospital-based intervention programs could save hospitals up to \$4.1 million over five years.³⁷

At Temple University Hospital, Surgery Department Chair Dr. Amy Goldberg and Trauma Outreach Coordinator Scott Charles run a program called Turning Point, which provides extra counseling for shooting victims ages 18 to 30 during their stays at the hospital. In studying the impact of Turning Point, Temple found that patients showed "a 44 percent reduction in aggressive response to shame, a 33 percent reduction in comfort with aggression, and a 20 percent reduction in overall proclivity toward violence."³⁸

Programs like these should be replicated across the state.

³⁵ <https://www.pccd.pa.gov/AboutUs/Pages/Press%20Releases/Governor-Wolf-and-Pennsylvania-Legislative-Black-Caucus-Take-Action-to-Reduce-Gun-Violence-.aspx>

³⁶ Ibid.

³⁷ [https://www.ajpmonline.org/article/S0749-3797\(14\)00501-7/fulltext](https://www.ajpmonline.org/article/S0749-3797(14)00501-7/fulltext)

³⁸ <https://digital.library.temple.edu/digital/collection/p245801coll10/id/216554/>

8. The state should support communities in organizing effective violence prevention efforts. The Pennsylvania Commission on Crime and Delinquency's Gun Violence Reduction Initiative is a good example of that support.

In May 2018, the state made a step toward facilitating safer communities with the Pennsylvania Commission on Crime and Delinquency (PCCD)'s Gun Violence Reduction Initiative, the commission's first-ever grant program to address firearm violence.³⁹ Grants were awarded to municipalities with resources to develop a program structure to reduce firearm violence in collaboration with public and community organizations.

In September 2018, eight municipalities and community partners sought funding through PCCD for these programs, and all received it. Seven of them sought funding to address firearm homicides exclusively.⁴⁰

The goal of the initiative was to support "the implementation of evidence-based or promising practices aimed to reduce gun violence."⁴¹ Beyond implementation, no additional funding is available, but the PCCD intends to make public any effective outcomes that demonstrate the need for a continued means to support such coordinated efforts.

The state should carefully review the effectiveness of these programs and offer incentives for other communities affected by violence to adopt the programs that work.

In addition to the new violence reduction programs supported by PCCD, there are others being implemented around the state, including Pittsburgh.

In addition to the Allegheny County Health Department's Office of Violence Prevention, which runs a public-health-centered violence intervention program, Pittsburgh Police runs a Group Violence Initiative (GVI), which began in 2017.

That year, the city saw the lowest rate of firearm violence in over a decade and a 26 percent decrease in nonfatal shootings, which Pittsburgh Police Commander Victor Joseph attributed to the GVI strategy.⁴²

As a part of the GVI strategy, Pittsburgh Police coordinates an outreach team, said Assistant Chief Lavonnie Bickerstaff. After a nonfatal shooting occurs, the GVI outreach team goes to the hospital to help connect the victim's family with any services they may need. The average age of a nonfatal shooting victim, Bickerstaff said, is 14 to 25 years old, so the outreach team usually assists parents.

The outreach component of the GVI strategy has helped Pittsburgh Police improve its relationship with young people at risk of engaging in violence. "You want to keep them alive," Bickerstaff said, "(and) they're really blown away by that. ... We care about their role in the community and keeping the community safe."

When Pittsburgh Police detect an interpersonal or intergroup conflict may arise, they issue "custom notifications," Bickerstaff said — meetings that enable police to point the people instigating violence to services and detail the consequences of choosing violence instead. Bickerstaff said custom notifications have slowed the pace of nonfatal shootings in the city, which are down 35 percent from 2016.

"We have a better way of dealing with our nonfatal shootings," Bickerstaff said, "because we have a better relationship with our young people."

³⁹ http://www.phillytrib.com/news/keep-our-communities-whole/article_7963424b-9738-52b9-9a0e-c6b122f5dc79.html

⁴⁰ <https://www.pccd.pa.gov/AboutUs/Pages/Press%20Releases/Governor-Wolf-Announces-Funding-for-Gun-Violence-Reduction-Initiatives.aspx>

⁴¹ <https://www.pccd.pa.gov/Documents/2018%20Gun%20Violence%20Reduction%20Initiative.pdf>

⁴² <http://www.post-gazette.com/local/city/2018/03/21/Pittsburgh-shootings-homicide-gun-violence-gang-group-violence-intervention/stories/201803200096>

9. The governor should sign an executive order requiring Pennsylvania State Police to issue quarterly and monthly reports on firearms used traced from crimes to help track lost and stolen guns as well as firearm-related criminal activity.

Though the federal bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) issues annual reports on firearm trace requests from all states and the Pennsylvania State Police (PSP) makes uniform crime reporting data available, having PSP publish quarterly reports on firearms traced from crimes would demonstrate challenges that exist when it comes to keeping firearms out of unsafe hands.

PSP publishes an annual Firearms Report, which contains information such as how, in 2017, 10,277 violent crimes were committed using a firearm — that's a rate of 28 per day, every day.⁴³ A problem of that magnitude should be analyzed on a more frequent, focused basis, and monthly reports would achieve that.

Annual ATF trace reports from other states illuminate that Pennsylvania is a large source of firearms used in crimes.⁴⁴ The latest ATF annual report shows that, of the 10,774 firearms recovered and traced in Pennsylvania in 2017, 57 percent of them originated in state.⁴⁵

Gov. Phil Murphy of New Jersey signed an executive order in April 2018. According to the first three quarterly reports on firearm traces, Pennsylvania has been consistently identified as the top source of firearms used in crimes in New Jersey.⁴⁶

10. The state should secure funding to increase Pennsylvania's participation in a national network that uses bullets to connect multiple crimes to single firearms.

The ATF has developed a tool for jurisdictions to connect firearms used in crime through bullets. The National Integrated Ballistic Information Network (NIBIN) analyzes and logs bullets recovered from shootings in order to link them to other incidents in which bullets from the same firearm were recovered. This system is akin to CODIS, the Combined DNA Index System, which is a

“(NIBIN is) probably
better than fingerprints.”

NIBIN gives law enforcement a valuable means of determining the relationship between firearms, bullets and shooters, which facilitates the apprehension of people responsible for using firearms for violent purposes rather than wading through the levels of bureaucracy it takes to trace a recovered firearm to its purchaser — who, data shows, is hardly ever the shooter.

Time is truly of the essence when attempting to prevent a future shooting, and any backlog renders the use of NIBIN much less effective. Securing funding for additional lab technicians would be critical and not cost prohibitive.

New Jersey and Delaware are the only two states that require guns and casings be submitted to NIBIN.

Lou Weiers, a Pennsylvania-based ATF agent, said that while the ATF can determine where a firearm used in a crime originated and where it ended up, NIBIN helps law enforcement see the trajectory of such firearms, providing real, tangible results for investigators.

“It's probably better than fingerprints,” he said.

⁴³ https://www.psp.pa.gov/firearms-information/Firearms%20Annual%20report/Pennsylvania_State_Police_2017_Firearms_Annual_Report.pdf

⁴⁴ <https://www.atf.gov/resource-center/firearms-trace-data-2017>

⁴⁵ <https://www.atf.gov/resource-center/docs/undefined/pawebiste17183908pdf/download>

⁴⁶ <https://www.nj.gov/oag/njsp/njgunstat/index.shtml>

Problem: Law enforcement is not mandated to check references or prosecute individuals for providing false information on an application for a concealed weapon permit. As a result, short-staffed agencies do not always fully vet applicants' backgrounds.

Applicants for a concealed-carry permit always go through a computerized state police background check. According to the Uniform Firearms Act⁴⁷, a sheriff may deny an individual the right to a concealed-carry license if the person's character and reputation are such that he or she would be likely to act in a manner dangerous to public safety; as part of verifying that reputation, applicants must provide contact information for two character references.

The Pennsylvania Sheriffs' Association says that, while it encourages all sheriffs to complete character reference checks on all concealed-carry applications, the matter is left to individual sheriffs.

Recommendations: Appropriate vetting of concealed-carry applications.

11. Sheriffs and other law enforcement officials who issue concealed-carry permits should thoroughly check applicants' references and backgrounds before approving applications and consider prosecuting those who provide false information.

When Milt Warrell became Bucks County's sheriff in January 2018, he discovered the office had not been checking references on concealed-carry permits. In addition, for at least five years before he took office, the Bucks County District Attorney's office had received no notifications of any applicants providing false information that disqualified their applications, such as a previous domestic violence conviction. As a result, Warrell:

- Began seeking to prosecute those who provided false information by working with District Attorney Matt Weintraub and hiring a new detective; and
- Requested funds to hire additional staff to begin checking references on the application forms.⁴⁸

These efforts in Bucks County should be replicated across the state.

⁴⁷ 18 Pa.C.S. § 6109(d)(3).

⁴⁸ <http://www.philly.com/philly/columnists/maria-panaritis/concealed-carry-gun-permits-bucks-county-pennsylvania-sheriff-milt-warrill-lie-and-try442313-20180329.html>

Problem: In 2017, 78 domestic violence victims were killed with a firearm in Pennsylvania, the most in 10 years.⁴⁹

Until October 2018, judges had discretion whether to order abusers with active protection-from-abuse orders (PFAs) against them to relinquish their firearms while the PFA was in effect. Act 79 of 2018⁵⁰ changed that law, however, and requires that all convicted abusers relinquish their firearms and firearm license within 24 hours to law enforcement or a licensed firearms dealer.⁵¹

According to the Pennsylvania Coalition Against Domestic Violence (PCADV), firearms are the weapon most often used by abusers who murder intimate partners and family members.⁵² In 2016, 117 people died in domestic violence incidents; 78 of them, or 67 percent, were shot to death.⁵³

Although Act 79 of 2018 significantly narrows the time and ability of abusers to retaliate against their victims using firearms, victims still require help to feel empowered and supported to identify abuse when it is taking place.

Recommendations: Increase access to domestic violence intervention programs.

12. Pennsylvania State Police should implement the Lethality Assessment Program (LAP), which connects victims of intimate partner violence to local domestic violence programs, statewide.

PCADV's Lethality Assessment Program (LAP) enables police to connect victims of intimate partner violence who are at high risk of being killed with local domestic violence programs right from the scene. As of 2017, 45 domestic violence programs and 265 law enforcement agencies operated LAP in 43 of 67 counties (Philadelphia operates its own version of the program).⁵⁴

Maryland pioneered LAP after data from that state showed only 4 percent of victims of domestic violence homicide had reached out to a hotline or shelter before being killed. In the Maryland LAP programs, law enforcement responding to a domestic violence situation screen potential victims to assess the lethality of the situation; if the situation is deemed high risk, law enforcement immediately puts the victim in touch with a local domestic violence program.⁵⁵

Since LAP began in Pennsylvania in 2012, 63 percent of high-risk victims have accessed program services.⁵⁶ If LAP is implemented more widely, more domestic violence victims will have better paths to safety.

As of 2017, LAP still had not been implemented in the following counties⁵⁷:

- Bradford
- Bucks
- Cameron
- Carbon
- Clarion
- Columbia
- Elk
- Forest
- Fulton
- Jefferson
- Juniata
- Lackawanna
- Lebanon
- Lehigh
- Mifflin
- Montour
- Potter
- Schuylkill
- Snyder
- Somerset
- Sullivan
- Susquehanna
- Warren

⁴⁹ http://www.pcadv.org/Resources/PCADV-2017FatalityReport_WEB.pdf

⁵⁰ 18 Pa.C.S. § 6105.2. Effective in 180 days [April 10, 2019].

⁵¹ <http://www.mcall.com/news/nationworld/pennsylvania/mc-nws-pa-gun-law-vote-domestic-violence-20181003-story.html>

⁵² <http://www.pcadv.org/Learn-More/Domestic-Violence-Topics/Firearms/>

⁵³ http://www.pcadv.org/Resources/PCADV-2017FatalityReport_WEB.pdf

⁵⁴ Ibid.

⁵⁵ http://www.pcadv.org/Resources/PCADV_LAP_5Anniversary_WEB.pdf

⁵⁶ Ibid.

⁵⁷ Ibid.

Conclusion

Owning and using firearms is a fundamental right guaranteed by the U.S. and Pennsylvania constitutions. Misuse of guns — whether in homicides, suicides or accidental shootings — is a problem that affects not only those who are shot, but also people in the communities to which they belong.

Given that the topic of firearms can bring out strong ideological differences, many people avoid discussions about the safe use of firearms because those discussions can devolve into arguments over firearm rights. This report encourages higher-level discussions about firearm safety that seek to change the behaviors of those who use — or might potentially misuse — firearms to better protect all Pennsylvanians.

Regardless of one's views about firearm ownership, it is undeniable that too many people are being injured and killed by firearms, with tragic and costly consequences.

These 12 recommendations represent strong steps in the right direction of focusing on the need for firearm safety across the board, including the need for a public-health approach by state and community leaders to address such safety.

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Appendix A

10 Pennsylvania hospitals with the most inpatient admissions for firearm injuries, 2008-2017:

Hospital	County	Total inpatient firearm injury admissions	Total firearm injury charges	% of uninsured patients	% of publicly insured patients
Temple University Hospital, Inc.	Philadelphia	2,528	\$678.6 million	8.35	81.53
Hospital of the University of Pennsylvania	Philadelphia	1,528	\$261.6 million	7.46	78.34
UPMC Presbyterian Shadyside	Allegheny	1,333	\$310.2 million	19.65	55.96
Albert Einstein Medical Center	Philadelphia	1,207	\$142.8 million	8.04	78.79
Crozer-Chester Medical Center	Delaware	842	\$162.1 million	14.85	57.48
Allegheny General Hospital	Allegheny	737	\$64.6 million	20.08	55.22
UPMC Mercy	Allegheny	671	\$66.8 million	15.5	63.49
Penn Presbyterian Medical Center	Philadelphia	623	\$125.1 million	3.37	74.32
Hahnemann University Hospital	Philadelphia	514	\$151.3 million	12.65	72.96
Milton S. Hershey Medical Center	Dauphin	514	\$48.9 million	12.65	58.37

Source: The Pennsylvania Health Care Cost Containment Council

10 Pennsylvania hospitals with the most outpatient admissions for firearm injuries, 2008-2017:

Hospital	County	Total outpatient firearm injury admissions	Total firearm injury charges	% of uninsured patients	% of publicly insured patients
Hospital of the University of Pennsylvania	Philadelphia	389	\$9.4 million	38.82	44.99
Allegheny General Hospital	Allegheny	275	\$3.4 million	39.64	34.91
Crozer-Chester Medical Center	Delaware	203	\$5.2 million	18.72	47.78
Albert Einstein Medical Center	Philadelphia	201	\$3.0 million	44.78	38.81
UPMC Pinnacle Hospitals	Dauphin	195	\$674,429	42.05	37.44
Penn Presbyterian Medical Center	Philadelphia	169	\$3.8 million	28.4	54.44
UPMC Presbyterian Shadyside	Allegheny	116	\$4.0 million	10.35	48.28
St. Luke's Hospital Bethlehem	Lehigh	114	\$2.0 million	20.18	46.5
Reading Hospital	Berks	112	\$1.6 million	33.04	42.86
Temple University Hospital, Inc.	Philadelphia	106	\$5.3 million	7.55	77.36

Source: The Pennsylvania Health Care Cost Containment Council

Disclaimer: The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency responsible for addressing the problem of escalating health costs, ensuring the quality of health care for all citizens regardless of ability to pay. PHC4 has provided this data in an effort to further PHC4's mission of educating the public and containing health care costs in Pennsylvania.

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